

# S.D. Certified Preceptor HELP Manual

Issued by SD Board of Examiners for  
Nursing Facility Administrators January 2001

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## CHAPTER 20:49:01

### DEFINITIONS

#### Section

**20:49:01:01. Definitions.** Terms defined in SDCL 36-28-1 have the same meaning when used in this article. In addition, terms used in this article mean:

- (1) "Preceptor," a licensed nursing facility administrator who has been licensed for at least four years in South Dakota and approved by the board to train administrators-in-training;
- (2) "Administrator-in-training," "(AIT)," a person who is serving in a licensed nursing facility under the supervision of a preceptor and is in the process of completing the administrator-in-training internship in at least 240 hours in six consecutive months.

**Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 86, effective November 17, 1991; 27 SDR 61, effective December 24, 2000; 36 SDR 27, effective August 25, 2009.

**General Authority:** SDCL a36-28-10.

**Law Implemented:** SDCL 36-28-1.

**You have been granted the opportunity and responsibility from the SD Board of Examiners for Nursing Facility Administrators to perform as a Certified Preceptor. You are now required to read and follow this Preceptor Manual to carry out the function as a Certified Preceptor.**

Only Certified Preceptors will be issued a wallet-sized card every two years upon renewal of licensure.

You are encouraged to visit the Board's website for  
comprehensive information at anytime:  
[www.state.sd.us/doh/nursingfacility](http://www.state.sd.us/doh/nursingfacility)

The Board's email address is: [sdnha.msp@midconetwork.com](mailto:sdnha.msp@midconetwork.com)

### **DEFINITION - PRECEPTOR**

ARSD 20:49:01:01 (1) "Preceptor," a licensed nursing facility administrator who has been licensed for at least four years in South Dakota and approved by the board to train administrators-in-training.

Certified Preceptors are approved to over-see Emergency Permit Holders and applicants for Reciprocal licenses, as well.

### **ROLE OF PRECEPTOR**

The predominant role of the certified preceptor is that of a mentor who coaches, challenges, directs, and evaluates the Administrator-in-training (AIT) during the 240 hour program, Reciprocal license applicant, OR the Emergency Permit Holder (EPH) during the six-month term. You are to act as the reporting agent to the Board.

Assess with the AIT or EPH his/her individual learning needs on the basis of education, work background experience and future professional goals. Develop a schedule that appropriately fits the mentoring needed.

Continued, over

In consultation with the AIT (only), you are to actively guide the individual through the program as outlined in the National Association of Boards of Examiners for Long Term Care Administrators (NAB) Five-Step program Administrator-in-Training Internship Manual:

- (a) Establish a supportive atmosphere among the facility staff, orienting them to the AIT's program and involving them, especially the department heads.
- (b) Have frequent contact with the AIT for progress evaluation, re-assessment, etc.
- (c) Include the AIT in the preceptor's daily managerial activities.

**Certified Preceptors that do not follow the rules or responsibilities will become a Board discussion.** Not only can Preceptors lose their status, but also the AIT's consideration for licensure can be jeopardized and the Emergency Permit Holder's position in the facility can be jeopardized.

### **QUALIFICATIONS OF A PRECEPTOR**

- Have held a SD license for at least four years and remain currently licensed in South Dakota.
- Actively practicing as a Nursing Facility Administrator, or in a nursing facility consulting role that allows for the full implementation of the above-stated preceptor role.
- Interest in the role of mentoring new long term care administrators.

### **DIFFERENCE between ADMINISTRATOR-IN-TRAINING (AIT), EMERGENCY PERMIT HOLDER (EPH), and RECIPROCAL LICENSE**

**AIT** = If an applicant has a baccalaureate degree from an area of study that did not require a long term administration internship or practicum in a nursing facility, the applicant must complete administrator training of "a minimum of 240 hours within six consecutive months." (See AIT Section of Manual)

**EPH** = In order to fill an emergency need for a nursing facility administrator, a person authorized by the facility's board of directors or owner may temporarily serve in this capacity for no more than two six-month terms. The permit holder may or may not be an applicant for an administrator's license. (See Emergency Permit Section of Manual)

**Reciprocal License** = An applicant that holds a current license from another state can apply for a SD license. One of the requirements is to have "an orientation under a preceptor covering South Department of Health rules governing nursing facilities. The preceptor shall file a report on the orientation with the secretary of the board." (See Reciprocal License Section of Manual) This is to assist them in preparing for the SD State Examination.

## **Administrator-In-Training Characteristics and Requirements**

### **Characteristics:**

WILL BE SEEKING A LICENSE AS A NF ADMINISTRATOR.

Has not completed a college internship or practicum in a nursing home facility in the past 4 years.

May require the 6-month Emergency Permit because they have secured a position in a facility as an Administrator pending a license.

### **Requirements:**

The applicant must first send a completed Application to the Board to determine eligibility.

The AIT must find a certified preceptor, both sign the Preceptor and AIT Agreement (not the Emergency Permit Holder Agreement), and send it to the board office promptly.

Purchase the AIT Manual from the NAB website.

Preceptor and AIT should complete Form A and send along with the first month's report - Form C.

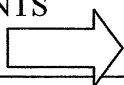
Preceptor and AIT should continue completing and filing Form C monthly with the board until 240 hours are achieved in 6 consecutive months.

The completion and submittal of Form D and Form B should follow immediately upon the completion of the AIT program.

***What if they've completed the AIT but are not licensed yet because they haven't completed the examinations, etc?***

IF they are the hired administrator trainee on site, they likely need the *second* 6-month Emergency Permit.

They must find a Certified Preceptor, sign the Preceptor and Emergency Permit Holder Agreement immediately, send it to board office and NOW FOLLOW THE REQUIREMENTS ON THE RIGHT HAND SIDE.



## **Emergency Permit Holder Characteristics and Requirements**

### **Characteristics:**

WILL NOT BE SEEKING A LICENSE AS A NF ADMINISTRATOR.

Is fulfilling the administrator position in a temporary capacity due to a vacancy.

Is not necessarily experienced for the position of nursing home administrator because they are the DON, business manager, etc, therefore needs the supervision and guidance of a licensed NF administrator/certified preceptor.

### **Requirements:**

The "authority" of the facility (owner, CEO, board chair) must make a written request to the board, along with the \$100 fee, requesting an Emergency Permit for the named individual.

The "authority" of the facility is ultimately responsible for the facility during the 6-month Permit period.

The Permit Holder (EPH) must find a Certified Preceptor immediately, both sign the Preceptor and Emergency Permit Holder Agreement and send it to the board office promptly.

The Preceptor is ultimately responsible for the performance of the Emergency Permit Holder during the agreement period.

**\*\*The Preceptor must visit with the EPH "at least two days a month in the facility the EPH is serving and keep a written memorandum of what was accomplished or discussed at each visit." The Preceptor provides this information in a brief written summary to the board office monthly. (See attachment IIIa for format)**

# ADMINISTRATOR IN TRAINING


## CHAPTER 20:49:01

### DEFINITIONS

#### Section

**20:49:01:01. Definitions.** Terms defined in SDCL 36-28-1 have the same meaning when used in this article. In addition, terms used in this article mean:

(1) "Preceptor," a licensed nursing facility administrator who has been licensed for at least four years in South Dakota and approved by the board to train administrators-in-training;

 (2) "Administrator-in-training," "(AIT)," a person who is serving in a licensed nursing facility under the supervision of a preceptor and is in the process of completing the administrator-in-training internship in at least 240 hours in six consecutive months.

**Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 86, effective November 17, 1991; 27 SDR 61, effective December 24, 2000; 36 SDR 27, effective August 25, 2009.

**General Authority:** SDCL a36-28-10.

**Law Implemented:** SDCL 36-28-1.

## CHAPTER 20:49:01

### QUALIFICATION FOR LICENSURE

#### Section

**20:49:04:01. Requirements for education and training.** An applicant for licensure as a nursing facility administrator must meet education and training requirements as follows:

(1) Have at least a baccalaureate degree; and

(2) Have successful service as an administrator-in-training as defined in § 20:49:01:01(2) or have completed a practicum in long term healthcare from a regionally accredited higher education program. Applicants applying for relicensure must have completed an administrator-in-training program or practicum within the four years preceding the date of the application.

**Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective January 9, 1980; 8 SDR 24, effective September 16, 1981; 8 SDR 166, effective June 15, 1982; 9 SDR 108, effective February 21, 1983; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 17 SDR 171, effective May 16, 1991; 22 SDR 74, effective November 27, 1995; 27 SDR 61, effective December 24, 2000; 36 SDR 27, effective August 25, 2009.

**General Authority:** SDCL 36-28-10, 36-28-12.

**Law Implemented:** SDCL 36-28-10 to 36-28-12.



### **Who needs the Administrator-In-Training (AIT) program?**

An applicant who has a baccalaureate degree from an area of study that did not require a long term administration internship or practicum must complete an AIT program of "a minimum of 240 hours within six consecutive months."

Or, an applicant who was previously licensed in SD, but whose license has been lapsed four years or longer must complete the AIT program.

### **How do we get started?**

First, you both must sign the "Preceptor and AIT Agreement" and promptly return it to the Board office. The Applicant will receive the form after they have made application to the Board for licensure.

Secondly, purchase the National Association of Boards of Examiners for Long Term Care Administrators (NAB) Five-Step Program Administrator-in-Training Internship Manual by contacting NAB (202-712-9040 or [www.nabweb.org](http://www.nabweb.org)).

Thirdly, read and commit to the Five-Step Program outlined in the first six pages of the NAB Manual.

### **What reporting is required in the AIT program?**

Monthly reports are required using the forms from the NAB Manual, Form C AIT Progress Report. You are welcome to mail or fax them to: 605-331-2043.

Upon completion of the program (*240 hours within a consecutive 6-month period*), the Board needs the completed Form A Preliminary AIT Program Worksheet, Form B Final AIT Program Worksheet, and Form D Certification of Program Completion. (See following NAB forms for examples)

These reports and the AIT's application file will be reviewed by a SDNFA Director to determine licensure qualifications.

**Role of the Preceptor**  
*(Excerpted, in brief, from the NAB AIT Manual)*

In sum, the role of the preceptor with an AIT is to:

- 1) Assess with the administrator-in-training his/her individual learning needs on the basis of education, work background, experience and future professional goals.
- 2) Using the basic building blocks in the NAB Administrator-in –Training Internship Manual, construct a program with appropriate lengths of time assigned to the various blocks.
- 3) In consultation with the AIT, actively guide his/her program through:
  - (a) establishing a supportive atmosphere among the facility staff, orienting them to the AIT's program and involving them, especially the department heads, in assisting the AIT to meet the expected learning goals. A copy of the applicable pages from the NAB Administrator-in –Training Internship Manual can be given to each department/area head.
  - (b) frequent contact with the AIT, including a progress and evaluation conference at least weekly; restructuring the planned program, if desired, upon the AIT's assessment of newly identified learning needs as the internship unfolds.
  - (c) including the AIT as feasible, throughout the training period, in the preceptor's daily managerial activities, such as meetings, personnel actions, crisis management, and activities outside the facility. The staff and AIT should understand that the administrator may occasionally summon the AIT from his/her prearranged block of activities on a moment's notice as opportunities for administrative learning arise.
- 4) Evaluate and report the efforts of the AIT to the South Dakota Board of Examiners for Nursing Facility Administrators. Based at least on the written reports and the weekly progress and evaluation conferences between the preceptor and AIT, it is the preceptor's responsibility to certify on the Form D from the NAB Administrator-in –Training Internship Manual, the satisfactory completion of the AIT program to the South Dakota Board of Examiners for Nursing Facility Administrators.

**Role of the AIT**

To actively assist the preceptor in identifying, establishing, and revising as needed a set of learning activities.

- 1) To engage in the agreed upon learning experience in a professional manner.
- 2) To prepare reports on a timely basis using Form C in the NAB Administrator-in–Training Internship Manual.
- 3) To learn.

It is expected that the AIT will become familiar with the functions of a nursing facility at each of the following levels:

Facility – the broad array of activities to be accomplished by a nursing facility to deliver resident care.

Department – the work contribution of each department and the extent to which departments must cooperate before resident care can be accomplished.

Individual employee – the work each position within the facility contributes.

Personal (AIT) – develop managerial skills in planning, organizing, staffing, directing, controlling, evaluating and marketing. Further to develop leadership skills and a personal philosophy of management.

**BOARD OF EXAMINERS FOR NURSING FACILITY ADMINISTRATORS**

PO Box 632  
Sioux Falls, SD 57101-0632  
(605) 331-5040

STATE OF SOUTH DAKOTA

**PRECEPTOR AND ADMINISTRATOR-IN-TRAINING  
AGREEMENT**

Date \_\_\_\_\_

I, \_\_\_\_\_, agree to be Preceptor for  
\_\_\_\_\_ at \_\_\_\_\_  
(Facility Name)

starting on \_\_\_\_\_.

I fully understand my responsibilities as stated in the published rules and regulations and recommended procedures for the Administrator-In-Training Program.

I agree to file one evaluative report every month with the Board of Examiners for Nursing Facility Administrators office. I also agree to inform the Board of Examiners immediately if there is any change in this agreement.

\_\_\_\_\_  
Administrator-In-Training

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**The  
N A B  
Five-Step Program  
Administrator-in-Training  
Internship Manual**

**for Nursing Home Administrators**

**The national  
Domains-of-Practice-Based  
Administrator-in-Training Program  
Authorized for use by colleges and state boards by  
The National Association of Boards of Examiners for  
Long Term Care Administrators, Inc.**

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front cover

***2002-2007 Edition***

**Form A**  
**Preliminary AIT Program Worksheet**

**COPY FOR YOUR  
INFORMATION**

NAME OF AIT \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PRECEPTOR \_\_\_\_\_

Training site address \_\_\_\_\_

Ph. - \_\_\_\_\_  
include zip code

NUMBER OF WEEKS REQUIRED TO COMPLETE PROGRAM \_\_\_\_\_

Number of  
weeks / days

\_\_\_\_\_ ADMINISTRATION

\_\_\_\_\_ PERSONNEL

\_\_\_\_\_ NURSING

\_\_\_\_\_ REHABILITATION

\_\_\_\_\_ MEDICAL RECORDS

\_\_\_\_\_ ACTIVITIES

\_\_\_\_\_ SOCIAL SERVICES / ADMISSIONS

\_\_\_\_\_ BUSINESS OFFICE

\_\_\_\_\_ DIETARY

\_\_\_\_\_ HOUSEKEEPING / LAUNDRY DEPARTMENT

\_\_\_\_\_ MAINTENANCE / ENVIRONMENTAL MANAGEMENT)

OTHER, e.g. corporate office, out-of-facility visits (use add'l pages as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **TOTAL ASSIGNED TIME IN WEEKS**

# Form C

## AIT PROGRESS REPORT \*

Name of AIT: \_\_\_\_\_  
FIRST MIDDLE LAST

Training site address: \_\_\_\_\_

Phone number \_\_\_\_\_ Date of this report: \_\_\_\_\_

Dates covered by this report: \_\_\_\_\_ to \_\_\_\_\_.

(Date internship began: \_\_\_\_\_)

Expected completion date: \_\_\_\_\_

**For additional comments: use reverse side of this form and/or additional pages**

I. List assignments and departments with time spent in each:

II. Summary of learning experiences:

III. Brief analysis of any problems observed, new experiences, insights gained:

IV. Statement of any problems that arose during the training:

V. Visits outside the facility, educational conferences attended:

I certify, to the best of my knowledge, that the information presented is true and accurate.

\_\_\_\_\_  
ADMINISTRATOR-IN-TRAINING

\_\_\_\_\_  
PRECEPTOR

\* make as many copies as required

# Form B

## Final AIT Program Worksheet

COPY FOR YOUR  
INFORMATION

NAME OF AIT \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PRECEPTOR \_\_\_\_\_

Training site address \_\_\_\_\_

Ph. - \_\_\_\_\_  
include zip code

NUMBER OF WEEKS REQUIRED TO COMPLETE PROGRAM \_\_\_\_\_

Number of  
weeks / days

	Begin date	End date	Instructor
_____ ADMINISTRATION	_____	_____	_____
_____ PERSONNEL	_____	_____	_____
_____ NURSING	_____	_____	_____
_____ REHABILITATION	_____	_____	_____
_____ MEDICAL RECORDS	_____	_____	_____
_____ ACTIVITIES	_____	_____	_____
_____ SOCIAL SERVICES / ADMISSIONS	_____	_____	_____
_____ BUSINESS OFFICE	_____	_____	_____
_____ DIETARY	_____	_____	_____
_____ HOUSEKEEPING / LAUN DEPT	_____	_____	_____
_____ MAINTENANCE / ENVIR MGT	_____	_____	_____

OTHER, e.g. corporate office, out-of-facility visits (use add'l pages as needed)

\_\_\_\_\_

**TOTAL ASSIGNED TIME IN WEEKS**

**Form D**

**COPY FOR YOUR  
INFORMATION**

**CERTIFICATION OF  
PROGRAM COMPLETION**

Name of AIT: \_\_\_\_\_  
FIRST MIDDLE LAST

Place of Training: \_\_\_\_\_

Full mailing name and street address of nursing facility zip code

Telephone \_\_\_\_\_ - \_\_\_\_\_

Date internship began: \_\_\_\_\_ completed: \_\_\_\_\_

Number of weeks spent in:

1. Administration
2. Human resources
3. Nursing Department
4. Rehabilitation Department
5. Medical \ patient records
6. Activities Department
7. Social Services \ admissions
8. Business Office
9. Dietary Department
10. Housekeeping \ Laundry
11. Environment \ Maintenance
12. Other

TOTAL NUMBER OF WEEKS IN AIT TRAINING PROGRAM: \_\_\_\_\_

I certify that the AIT whose signature appears below has satisfactorily completed this internship of \_\_\_\_\_ weeks under my personal supervision.

Narrative evaluation of suitability for licensure as a nursing home administrator:  
(use additional pages as necessary)

\_\_\_\_\_  
**PRECEPTOR**

License number: \_\_\_\_\_

\_\_\_\_\_  
**ADMINISTRATOR-IN-TRAINING**

**DATE:** \_\_\_\_\_



# EMERGENCY PERMIT HOLDER

## CHAPTER 20:49:05

### EMERGENCY PERMIT

#### Section

**20:49:05:01. Emergency permit.** To meet the needs of a nursing facility that has a vacancy in the administrator's position, an emergency permit to practice as a nursing facility administrator may be issued to a person for not more than 180 days, subject to the following:

- (1) A person of authority from the facility with the vacancy requests in writing that an emergency permit be issued for their emergency administrator, accompanied by a nonrefundable emergency permit fee of \$100;
- (2) The emergency administrator is under the supervision of a certified preceptor;
- (3) The preceptor observes the emergency administrator at least two days a month in the facility in which the emergency administrator is serving and keeps a written memorandum of what was accomplished or discussed at each visit. This dated memorandum shall accompany the monthly report required in subdivision (4) of this section; and
- (4) The preceptor makes a written report to the board every month on the performance of the emergency administrator.

**Source:** SL 1975, ch 16, § 1; 2 SDR 86, effective June 27, 1976; 6 SDR 66, effective January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 90, effective January 22, 1987; 17 SDR 171, effective May 16, 1991; 18 SDR 86, effective November 17, 1991; 22 SDR 74, effective November 27, 1995; 36 SDR 27, effective August 25, 2009.

**General Authority:** SDCL 36-28-11, 36-28-13.

**Law Implemented:** SDCL 36-28-13.

**20:49:05:02. Limit on emergency permits at individual nursing facility.** At the expiration of an emergency permit granted under § 20:49:05:01, the board may, upon application, renew an emergency permit for an additional 180 days provided the individual meets the requirements of § 20:49:05:01. An emergency permit may be renewed only once.

**Source:** 6 SDR 66, effective January 9, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 86, effective November 17, 1991.

**General Authority:** SDCL 36-28-4.

**Law Implemented:** SDCL 36-28-13.

### **How do they get an Emergency Permit?**

The chair of the facility's board of directors or the facility's owner must write a letter to the Board requesting a permit be issued to the person they deem responsible for their facility and include the fee of \$100 **prior to or immediately upon a vacancy.** There is no formal application.

By law, a licensed Administrator must be operating a licensed nursing facility:

SDCL 34-12-18. Unlicensed operation as misdemeanor. Any person establishing, conducting, managing, or operating any health care facility or related institution without a license is guilty of a Class 1 misdemeanor.

### **Who Is an Emergency Permit Holder?**

In order to fill an emergency need for a licensed nursing facility administrator, a person authorized by the facility's board of directors or facility owner may temporarily serve in this capacity for no more than two six-month terms.  
(See Administrative Rules on previous page)

The permit holder may or may not be an applicant for an administrator's license.

The permit holder will not likely have experience working in the capacity of a nursing facility administrator. They may not have the goal of becoming an administrator. They may be a board member, a director of nursing, a business manager, etc, which strongly requires the Certified Preceptor to assess their capabilities and over-see their performance in the facility. Remember, you agreed to coach, direct, guide, and evaluate!

### **How long can they have the Permit?**

They can be granted a six-month (180 days) emergency permit for \$100.

ARSD 20:49:05:02 states: "At the expiration of an emergency permit granted under 20:49:05:01, the board may, upon application, renew an emergency permit for an additional 180 days provided the individual meets the requirements of 20:49:05:01. An emergency permit may be renewed only once." (See Rule)

### **What's the role of Certified Preceptor for an EPH?**

First, you both must sign the "Preceptor and Emergency Permit Holder Agreement" (which is sent to the permit holder) and promptly return it to the Board office.

Secondly, "the Preceptor observes the emergency administrator at least two days a month in the facility in which the emergency administrator is serving and keeps a written memorandum of what was accomplished or discussed at each visit."

Thirdly, "the Preceptor makes a written report to the board office every month on the performance of the emergency administrator." (See suggested form; also sent to permit holder.)

### **Can the reporting be made easier?**

The reports for the EPH do not have to be as involved as with the AIT. We ask that you address the issues from both visits in one or two paragraphs monthly. Such as, did they have a personnel issue, building/expansion issue, difficult family/relative issue, financial matter, etc.

For simplifications (other than US mail) you are encouraged to file these monthly reports one of these ways:

Email to [sdnha.msp@midconetwork.com](mailto:sdnha.msp@midconetwork.com)

Fax to 605/331-2043

**BOARD OF EXAMINERS FOR NURSING FACILITY ADMINISTRATORS**

PO Box 632  
Sioux Falls, SD 57101-0632  
(605) 331-5040

STATE OF SOUTH DAKOTA

**PRECEPTOR AND EMERGENCY PERMIT HOLDER  
AGREEMENT**

Date \_\_\_\_\_

I, \_\_\_\_\_, agree to be Preceptor for

\_\_\_\_\_ at \_\_\_\_\_  
(Facility Name)

starting on \_\_\_\_\_

I fully understand my responsibilities as stated in the published rules and regulations and recommended procedures for the Emergency Permit Pending Examination.

I agree to file one evaluative report (covering the required twice monthly visits) every month with the Board of Examiners for Nursing Facility Administrators office. I also agree to inform the Board of Examiners immediately if there is any change in this agreement.

\_\_\_\_\_  
Emergency Permit Holder

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**DEPARTMENT OF HEALTH**  
**State of South Dakota**

**Board of Examiners for Nursing Facility Administrators**

PO Box 632  
Sioux Falls, SD 57101-0632  
(605) 331-5040  
Fax: (605) 331-2043  
*sdnha.msp@midconetwork.com*

**Emergency Permit Report Form/Format**  
**Due by the 1<sup>st</sup> day of the month**

Name of Emergency Permit Holder (EPH): \_\_\_\_\_

Facility the EPH is serving: \_\_\_\_\_

Day 1: \_\_\_\_\_ (mm/dd/year)

What was covered on day 1 visit:

**EXAMPLE ONLY**

Day 2: \_\_\_\_\_ (mm/dd/year)

What was covered on day 2 visit:

\_\_\_\_\_  
Emergency Permit Holder

\_\_\_\_\_  
Preceptor

# RECIPROCAL LICENSE

## **CHAPTER 36-28 NURSING FACILITY ADMINISTRATORS**

**36-28-14. Issuance of license without examination to license holder from another jurisdiction.** The board may issue a nursing facility administrator's license, without examination, to any person who holds a current license as a nursing facility administrator from another jurisdiction, if the board finds that the standards for licensure in such other jurisdiction are at least substantially equivalent of those prevailing in this state and that the applicant is otherwise qualified. The board may adopt, by rules promulgated pursuant to chapter 1-26, minimum requirements for qualification and a fee for reciprocal licensure.

**Source:** SL 1969, ch 113, § 13; SDCL Supp, § 34-12A-14; SL 1996, ch 239, § 4.

## **CHAPTER 20:49:06 RECIPROCAL LICENSURE**

### **Section**

**20:49:06:01. Reciprocal licensure.** The board may recognize and endorse a nursing facility administrator license issued by the authorities of another political subdivision of the United States if the following requirements are met:

- (1) The other political subdivision provides verification of the educational level of the applicant and a passing score on the board approved national examination;
- (2) The applicant is familiar with state and local health and safety rules related to nursing facilities, has passed the board's state examination as defined in § 20:49:03:01(2), and has had an orientation under a preceptor covering South Dakota Department of Health rules governing nursing facilities. The preceptor shall file a report on the orientation with the board;
- (3) The applicant for reciprocal licensure has never had a license as a nursing facility administrator revoked or suspended;
- (4) The applicant has demonstrated at least six consecutive months of service as an administrator of a licensed nursing facility; has served as an administrator-in-training for at least six consecutive months; or has completed a practicum in long term healthcare from a regionally accredited higher education program within four years preceding the date of application for reciprocal licensure; and
- (5) The nonrefundable fee for reciprocal licensure is \$150 prorated to the next biennial renewal date.

**Cross-Reference:** Medical facilities, art 44:04.



**DEPARTMENT OF HEALTH**  
**State of South Dakota**

**Board of Examiners for Nursing Facility Administrators**

PO Box 632  
Sioux Falls, SD 57101-0632  
(605) 331-5040  
Fax: (605) 331-2043  
*sdnha.msp@midconetwork.com*

**Orientation for Reciprocal Applicant Form/Format**  
**Due before the Applicant can take the State Exam**  
**[Please Print]**

Name of Applicant for Reciprocal Licensure: \_\_\_\_\_

Qualifications/Experience of Applicant: \_\_\_\_\_

Facility the Applicant will be serving: \_\_\_\_\_

Date of orientation visit: \_\_\_\_\_ (mm/dd/year)

(A) Review of SD Article 44 rules and regulations; describe how you have determined the Applicant's preparedness to sit for the South Dakota exam:

(B) Contact information for the SD Department of Health shared with the Applicant, including the names of individual contacts within the Department:

(C) Other essential contact information shared with the Applicant, please list:

(D) Narrative evaluation of Applicant's suitability for South Dakota licensure as a Nursing Facility Administrator: (use additional pages as necessary)

\_\_\_\_\_  
Preceptor Signature